

Kansas Department on Aging

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>B089068</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>03/16/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>AUTUMN HOME PLUS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>747 NW WALNUT LANE TOPEKA, KS 66617</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	INITIAL COMMENTS  The following citations represent the findings of a resurvey the above named home plus facility on 3-11-15, 3-12-15 and 3-16-15.	S 000		
S5300 SS=E	26-42-205 (d) (1-2) Facility Administration of Medications  (d) Home administration of resident ' s medications. If a home is responsible for the administration of a resident ' s medications, the administrator or operator shall ensure that all medications and biologicals are administered to that resident in accordance with a medical care provider ' s written order, professional standards of practice, and each manufacturer ' s recommendations. The administrator or operator shall ensure that all of the following are met: (1) Only licensed nurses and medication aides shall administer and manage medications for which the home has responsibility. (2) Medication aides shall not administer medication through the parenteral route.  This REQUIREMENT is not met as evidenced by: KAR 26-42-205(d)  The facility reported a census of 6 residents. The sample included 3 residents. Based on record review and interview for 2 (#252, #344) of 6 sampled residents, the operator/LPN (licensed practical nurse) failed to ensure all medications and biologicals were administered to the residents in accordance with a medical care provider's written order, professional standards of practice and each manufacturer's	S5300		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S5300	<p>Continued From page 1</p> <p>recommendations.</p> <p>Findings included:</p> <ul style="list-style-type: none"> <li>- Record review for resident #252 revealed admission on 12-3-09 with diagnoses Dementia, Rheumatoid Arthritis, Hypertension, Gastroesophageal Reflux Disease, Depression, Hypothyroidism, Osteoporosis and Hypercholesterolemia.</li> </ul> <p>The functional capacity screen dated 12-2-14 recorded resident unable to perform management of medications and treatments. The negotiated service agreement dated 12-2-14 recorded services for all medications to be administered by facility certified medication aides and nurses.</p> <p>Review of the Medication Administration Record for March 2015 revealed the following medication administered by facility staff: Citalopram (Celexa) 40 mg (milligrams) tab (tablet) one tab by mouth daily at bedtime for depression.</p> <p>Physician's orders dated 4-1-14 stated: "Decrease Celexa to 20 mg by mouth at bedtime for one week then to 10 mg for one week then discontinue.</p> <p>Interview on 3-12-15 at 3:05 pm with operator/LPN confirmed the medication should have been discontinued on April of 2014. Further stated he/she was unable to find an order to restart the medication.</p> <p>For resident #252, the operator/LPN failed to ensure all medications were administered to the resident in accordance with a medical care provider's written order and professional</p>	S5300		

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S5300	<p>Continued From page 2</p> <p>standards of practice when the resident continued to receive a medication was discontinued.</p> <p>- Record review for resident #344 revealed admission on 2-7-13 with diagnoses Severe Arthritis, Stroke on Right Side, Hypertension, Peptic Ulcer Disease, Hypothyroidism, Osteoarthritis, Chronic Obstructive Pulmonary Disease, Diabetes Mellitus, Urge Incontinence, Hyperlipidemia and Chronic Pain.</p> <p>The functional capacity screen dated 2-2-15 recorded resident unable to perform management of medications and treatments. The negotiated service agreement dated 2-3-15 recorded services for medications to be administered by facility certified medication aides and nurses.</p> <p>Review of Medication Administration Record for March 2015 revealed the following medication administered by facility staff: Levothyroxine 100 mcg (micrograms) tab (tablet) one tab by mouth daily before meals in the morning for hypothyroidism. Clopidogrel 75 mg (milligrams) tab, one tab by mouth daily for prophylaxis. Amlodipine/Benazepril 5/20 mg, one capsule by mouth daily at 8:00 pm for hypertension.</p> <p>The record lacked documentation of a physician's order for the above medications.</p> <p>Interview on 3-12-15 at 12:48 pm with operator/LPN confirmed the record lacked documentation of a physician's order for Levothyroxine, Clopidogrel and Amlodipine/Benazepril.</p> <p>For resident #344, the operator/LPN failed to</p>	S5300			

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S5300	Continued From page 3  ensure all medications were administered to the resident in accordance with a medical care provider's written order and professional standards of practice when the resident received medications which lacked a physician's written order.	S5300		